

DO NOT STAPLE



New Hampshire Department of Revenue Administration

DP-139



COMMUNICATIONS SERVICES TAX APPLICATION FOR REGISTRATION NUMBER

Owner/Company Name, Business Name, Business Physical Location, City/Town, State, Zip Code + 4, Business Phone Number in NH, Corporate Headquarters Phone Number, Taxpayer Identification Number, FEIN, SSN

Entity Type Check one of the following:

- Proprietorship, Corporation/Combined Group, Partnership, Fiduciary, Non-Profit Organization

Date you started selling communications services in NH, Name and address of principal business location in NH, Do you collect a Communications Services Tax for a reseller?, If yes, for whom do you collect?

Check the appropriate box or boxes below:

- A. We sell communications services from a location in NH at retail and collect and remit all applicable taxes.
B. We sell communications services as a retailer with no place of business in NH.
C. We are a reseller of communications services.

Under penalties of perjury, I declare that I have examined this application, and to the best of my belief it is true, correct and complete.

POA: By checking this box and signing below, you authorize us to discuss this application with the preparer listed on this form.

TAXPAYER'S SIGNATURE & INFORMATION

Signature, Print Signatory Name & Title, Address, City/Town, State, Zip Code + 4

PREPARER'S SIGNATURE & INFORMATION

Signature, Print Signatory Name & Title, Address, City/Town, State, Zip Code + 4

Communications Tax Registration Number (FOR DRA USE ONLY)